II. Plan

II. Plan

1. Defining an Appropriate Plan, Training Goals, and Objectives

To develop an effective training plan that achieves the point of the educational session: i.e., to make changes in knowledge, attitudes, behaviors, and skills, a number of key questions must be answered. Some of these questions will be addressed in the needs assessment. The answers to these questions will affect the content, format, and logistics of the training. The following questions are a guide.

Questions

Who are your participants?
- What is their educational level?
- What is their experience and skill level?
- What gender and age are they?
- Are they employed?
- What kind of work do they do?
- Do they work together?
- What is their literacy level?
- How many will there be? (approximately)

When will you conduct the training?
- What day of the week?
- What time of day?
- What time of the year?
- How long will the session be?
- What will be the length of the entire program?
- How much time is there for recruitment?

Where will you conduct the training?
- What is needed?
  - What size room is needed?
  - What equipment is available?
  - What other supplies are needed?

- Location
  - Is the location accessible?
  - Is the location easy to find?
  - Can it be reached by public transportation?
  - Is there safe parking?
  - Is it handicap accessible?
  - Is it a place that does not have negative connotations for intended participants (e.g., some places are associated with poor service or indigent care, which may make some participants uncomfortable)?

What will the training involve?
- What will be the content of the training plan?
- What training tools will be needed?
- What participant materials and resources will be needed?
- Will there be advance work for participants?

What is the purpose of the training?
- What changes in knowledge, attitudes, behaviors, and skills are you hoping to accomplish through the training?
- What are the goals and objectives of the training?

How will you do it?
- How will you enroll people for the training? Some possible recruitment strategies include: flyers; PSAs on TV and radio; ads in newspapers and newsletters; and word of mouth.
- How will you engage participants?
- How will you get feedback or evaluate the effectiveness of your training?

Once these questions have been answered, the training goals and objectives can be developed. The following section provides definitions and examples of goals and objectives.

> Consider using the "Questions to Help Define Appropriate Training Plan, Goals, and Objectives Worksheet" in appendix B.

Setting Goals and Objectives

Goals
Goals are broad, general statements of what one hopes to accomplish as a result of the training. An example of a goal might be:

"Increased awareness of the importance of cancer clinical trials."

Objectives
Objectives should describe the hoped-for changes in knowledge, attitudes, skills, or behaviors in very precise terms. Usually they are written in the following manner:

"By the end of this training (session), participants will be able to _____*."*

The word that follows 'to' should be an action <u>verb</u>.

For objectives to be helpful in determining training effectiveness, they should be measurable (e.g., "*list five common myths about mammography*" or "*compare three ways that barriers to cervical and breast cancer screening are similar*"). Attainment of training goals and objectives is one important aspect of the evaluation. Not all objectives are easily measured but most can be evaluated using standard evaluation tools or other creative strategies.

There are seven types of objectives:
• Fact
• Understanding/comprehension
• Application
• Analysis
• Synthesis
• Attitudinal
• Skill

Depending on what you hope to accomplish through the training, some or all of these types of objectives need to be developed.

Keep in mind the adult learning cycle described in section I.2 when developing your training objectives. Fact, understanding, attitudinal, and skill objectives might pertain to the "*experiencing*" part of the cycle; analysis and synthesis might pertain to the

"*processing*" and "*generalizing*" parts of the cycle; and application objectives might pertain to the "*applying*" stage. Remember to move participants around the adult learning cycle at least one time per module and design objectives accordingly.

When writing the seven different types of objectives, the trainer might find the following chart of verbs helpful.

Seven Training Objective Types			
1. Fact objectives:	• Define • Name • Record	• List • Repeat • State	• Recall • Recognize • Record
2. Understanding or comprehension objectives:	• Discuss • Describe • Explain	• Identify • Translate • Restate	• Express • Convert • Estimate
3. Application objectives:	• Compute • Demonstrate • Illustrate	• Operate • Perform • Interpret	• Apply • Use • Practice
4. Analysis objectives:	• Solve • Compare • Appraise	• Distinguish • Contrast • Classify	• Differentiate • Categorize • Critique
5. Synthesis objectives:	• Synthesize • Design • Summarize	• Diagnose • Manage • Plan	• Propose • Hypothesize • Formulate
6. Attitudinal objectives:	• Show sensitivity • Respect opinions	• Accept responsibility • Demonstrate commitment	• Be willing to assist
7. Skill objectives:	• Perform • Demonstrate • Show • Conduct	• Compute • Teach • Role play • Take	• Operate • Complete • Design • Do

Some examples of learning objectives that trainers expect participants to achieve are listed below:

Seven Learning Objective Types

Fact objective:
By the end of this training, participants will be able to: List four risk factors for skin cancer.

Understanding objective:
By the end of this training, participants will be able to: Describe three ways parents can protect their children from the harmful effects of UV radiation.

Application objective:
By the end of this training, participants will be able to: Demonstrate their ability to use NCI's Physician Data Query to research information on cancer clinical trials related to two case studies.

Analysis objective:
By the end of this training, participants will be able to: Contrast the barriers to fecal occult blood testing and colonoscopy by naming two barriers that are similar and two barriers that are different.

Synthesis objective:
By the end of this training, participants will be able to: Design an action plan to increase community awareness of the importance of cancer clinical trials through working within their own community-based organizations.

Attitudinal objective:
By the end of this training, participants will be able to: Demonstrate a commitment to increasing the number of women aged 50 years or older who get mammograms by agreeing to tell five friends in the next 3 months to schedule a mammogram.

Skill objective:
By the end of this training, participants will be able to: Perform a correct clinical breast exam using the vertical strip method by demonstrating this to the trainer during a simulation exercise with two standardized patients.

Consider using the "Developing Appropriate Goals and Objectives Worksheet" in appendix B to develop your own training goals and objectives.

2. Selecting Appropriate Training Methods

Suggested Methods for Creating Behavior Changes through Training

To help people gain new awareness and information that will translate into changes in attitudes and behavior, you must choose training methods that correspond to the changes you hope to accomplish. A variety of training strategies will ensure that the learning needs of all types of participants are met. The list below provides some suggested training methods for accomplishing changes in each of these domains. A description of some of the more common training methods, their advantages and disadvantages, and how to implement them follows the list.

Knowledge (Concepts, Facts)
- Computer-assisted instruction
- Discussion
- Field trip or tours
- Films, TV, tapes
- Handouts
- Lecture
- Programmed instruction
- Readings

Attitude (Feelings, Opinions)
- Brainstorming
- Case studies
- Creative arts
- Field trips
- Interview situations
- Open-ended discussions
- Panel presentations of survivors, family members, or health professionals
- Role playing

Behavioral Skills
- Action plans
- Demonstrations
- Guided practice with feedback
- Practicums
- Role playing
- Simulations

Training Methods Overview

The following table summarizes which of the training methods described below can be used to achieve changes in participants' knowledge, attitudes, and behavior skills.

Training Method	Knowledge	Attitude	Behavior Skill
1. Lecture	X		
2. Small Group Discussion	X	X	
3. Brainstorming	X	X	
4. Case Study	X	X	X
5. Demonstration	X		X
6. Role Play	X	X	X
7. Creative Work	X	X	

Note: For tips on how to facilitate an entire training, see Section III.2.

Once you review all of the training methods, consider using the "Training Plan Worksheet" and/or the "Training Plan Template" in appendix B.

Training Method #1: Presentation/Lecture/Panel Discussions

A presentation or lecture can convey information, theories, or principles quickly and easily. Some examples specific to cancer education might be reviewing the epidemiology of a specific type of cancer or reviewing a current screening protocol. Presentations can range from straight lecture to some involvement of the participants through questions and discussion. Presentations depend on the trainer for content more than any other training technique does.

Uses
- Introduces participants to a new subject
- Provides an overview or a synthesis
- Conveys facts or statistics
- Addresses a large group

Advantages
- Covers a lot of material in a short time
- Works with large groups
- Provides context for more practical or hands-on training techniques
- Gives lecturer or presenter more control than in other training situations

Disadvantages
- Emphasizes one-way communication
- Is not experiential in approach
- Requires that participants take passive role in their learning
- Requires that lecturer possess skills as an effective presenter
- Is not appropriate for changing behavior or for learning skills
- Limits participant retention unless it is followed up with a more practical technique

Process

1. Introduce the topic: Tell the participants what you are going to tell them. Use an opening that:
   - Explains the purpose of the presentation and why it is important
   - Relates to the topic, situation, participants, or speaker
   - Involves and stimulates the audience
   - Creates positive thinking and peaks interest
   - Gets attention, for example, by using:
     - Questions
     - Unique facts
     - Illustrations
     - Quotations
     - Brief stories
     - Jokes (in good taste)
     - Gimmicks
     - Compliments
     - Subject matter of significance
   - Serves as a preview to subject matter

2. Present the topic

3. Hold participant attention and interest by:
   - Being enthusiastic, dramatic, or humorous
   - Using specific examples that:
     - Provide clarity, color, and credibility
     - Help a general thought become a specific one
     - Make the impersonal become more personal
   - Avoiding jargon
   - Varying the pace
   - Providing opportunities for participant involvement, by:
     - Questioning both ways
     - Acknowledging individuals, by name, if possible
     - Asking for participant assistance
   - Using references that show material is aimed at a specific group
   - Using surprises and extras
   - Inviting the participants to ask questions

4. Use a closing that:
   - Summarizes the entire activity and emphasizes the key "take home" message
   - Makes a meaningful statement
   - Relates to the topic, situation, participants, or speaker
   - Ties together the activity as an entity

Variations

A lecturette is a term used for a brief (e.g., no more than 15-20 minutes) presentation or lecture. Often these are made more interactive by using a "call and response" format such as interspersing questions to the participants in between lecture points made by the presenter. For example the trainer might ask, *"Which communities or populations are most impacted by cervical cancer?"* After participants offer answers, the trainer could then validate the right answers, correct misinformation or wrong answers, and then briefly summarize the take-home messages. In this manner, participants are acknowledged for what they already know while new and accurate information can be offered by the trainer.

Another variation on the presentation method is a panel discussion. A group of experts (e.g., cancer survivors, family members, or health professionals) present their perspectives to the participants through prepared remarks or spontaneous answers to questions posed by a moderator or facilitator. This approach can be made more interactive by allowing time for participants to ask questions or make comments. A moderator or trainer can model this interaction by asking one or two questions to "prime the pump." Participants can also write their questions on index cards if the size of the training group makes it logistically difficult for participants to ask questions verbally.

Training Method #2: Small Group Discussion

A small group discussion is an activity that allows participants to share their experiences and ideas or to solve a problem. It exposes participants to a variety of perspectives and experiences as they work together to accomplish the task. Some examples specific to cancer education include breaking people into small groups to discuss ways to encourage more people over the age of 50 to have regular colorectal screenings or, for a health care professional audience, ways to improve cancer pain management.

Uses
- Enables participants to present their ideas in a small group
- Enhances problem-solving skills
- Helps participants learn from each other
- Gives participants a greater sense of responsibility in the learning process
- Promotes teamwork
- Clarifies personal values

Advantages
- Allows participants to develop greater control over their learning
- Encourages participants to be less dependent on the trainer
- Encourages shy or less talkative participants to become involved
- Allows for reinforcement and clarification of the lesson through discussion
- Builds group cohesion
- Elicits information from participants

Disadvantages
- Takes time to move people into groups
- Compromises quality control if a trained facilitator is not in each small group

Process

1. Arrange the participants in small groups using some of the ideas listed on page 30

2. Introduce the task that describes what should be discussed in the small group

3. Tell participants how much time they have

4. Ask each small group to designate:
   - A discussion facilitator
   - A recorder
   - A person who will present the group's findings to the larger group

5. Check to make sure that each group understands the task

6. Give groups time to discuss

7. Circulate among the small groups to:
   - Clarify any questions participants may have
   - Make sure that participants are on task
   - Make sure that a few participants are not dominating the discussion

8. Bring all of the small groups together to have a large group discussion

9. Have the people designated by each group present a summary of their group's findings (this could be a solution to a problem, answers to a question, or a summary of the ideas that came out during the discussion)

10. Identify common themes that were apparent in the groups' presentations

11. Ask the participants what they have learned from the exercise

12. Ask them how they might use what they have learned

Determining Group Size

Participants learn through their own experience, especially by discussing questions posed by the trainer. Discussions can take place in a large group, in a small group, or between two participants. The following information is useful in determining the appropriate size of the group for specific activities.

- Most people find it difficult to speak in a group of strangers. Also, there is usually not enough time for everyone to speak. Therefore, if everyone is to participate actively, small groups are essential.
- Most people find it difficult to listen attentively for long periods. Therefore, talks should be short, and people should be given an opportunity to discuss a topic or issue in small groups.
- We all remember much better what we have discovered and said ourselves than what others have told us. Therefore, participants should be given questions leading them to express all they have learned from their own experience first. This needs to be done in small groups.
- A resource person or facilitator can briefly sum up the points from each group and add his or her own insights later, instead of taking a long time to tell people what they know.
- Pairs are useful for:
  - Interviews
  - Intimate sharing
  - Practicing some skills (e.g., listening or feedback)
  - A quick "buzz" with one's neighbor to stir a passion or prompt a sleepy group into action

EXAMPLE

For example, if your group consists of breast cancer survivors, participants can pair up to discuss how they felt when they were first diagnosed with breast cancer and strategies they used to cope with their diagnosis.

EXAMPLE

If your group consists of health care professionals, they may pair up to discuss how they feel when they have to notify a woman that she has breast cancer and strategies they use to deal with being the bearer of such devastating news.

- Triads (groups of three) are very useful for:
  - Getting everyone to think and participate actively; one can be passive in a group of five, but that is unlikely in a group of three
  - Testing out an idea one is hesitant to present to the full group
- Groups of four, five, or six will add a bit more variety for sharing ideas and insights. Four, five, or six can be a good size for a planning team, a film discussion group, or a more complex situation.

However, the bigger the group becomes, the longer the discussion and the decision-making process.

Dividing Groups and Assigning Roles
When facilitating an interactive training, it sometimes is necessary to divide participants into groups and assign them roles. The following are some imaginative ways to divide participants into groups:
- Deck of cards—the four suits are the four groups
- Colored stickers or dots placed on or under chairs
- Different types of candy (e.g., peppermints, butterscotch, cinnamon, or fruit flavors), which participants pick out of a basket
- M&Ms of different colors
- If groups do not need to be exactly even, use things like types of cars participants drive, types of toothpaste they use, preferences for different types of music, etc.

Selecting a Group Recorder/Reporter
- Select any date at random; the person whose birthday is closest to that date becomes the recorder
- Choose a person who lives closest (or farthest) from the meeting site
- Choose the person newest (or oldest) to the organization
- Choose the person with the most pets (including fish)
- Choose the person who exercises the most
- Choose the person who watched the least TV in the past week

Training Method #3: Brainstorming

Brainstorming is an activity that generates a list of ideas, thoughts, or alternative solutions around a particular theme or topic. Creative thinking is more important during this activity than practical thinking. No idea is dismissed or criticized; anything offered is written down. Often participants stimulate each other's thinking.

After the list of ideas is completed, the group clarifies, categorizes, or discusses one item at a time, depending on the situation. Some examples related to cancer education include brainstorming all the reasons teens start using tobacco or all the barriers to referrals for clinical trial participation on the part of primary care physicians in rural areas.

Uses
- Introduces a problem or question (e.g., *"Let's brainstorm all the reasons women might be reluctant to return for followup after an abnormal pap result."*)
- Forms the basis of discussion
- Can use in conjunction with group discussion

Advantages
- Generates ideas and leads to discussion quickly
- Allows everyone's ideas to be expressed and validated without judgment
- Generates energy to move forward with problem solving
- Stimulates thought and creativity

Disadvantages
- Can be difficult to get participants to follow the rules of not diminishing or criticizing the ideas generated during the actual brainstorming activity
- Affords opportunity for participants to get off track and develop a list too broad to guide discussion
- Opens up the possibility that participants may feel badly if their idea meets with criticism
- Requires that participants have some background related to the topic

Process

1. Establish the rules for brainstorming, including the following:
   - All ideas will be accepted for the list
   - At no time should an idea be discussed or criticized
   - Discussion occurs only after the brainstorming session is complete

2. Warm up the group by doing a "practice" exercise such as having everyone write down on a piece of scrap paper everything you can do with a rule—then go around the room and generate a group list

3. Announce the cancer-related topic, problem, or question

4. Write the ideas and suggestions on a flipchart to prevent repetition and keep participants focused on the topic

Note: It is helpful for your co-trainer to record the ideas while you call forth the ideas from the group. If there is no co-trainer, a trusted participant can function in this role. Be sure, however, that the participant chosen for this recorder role can keep up with a fast-paced generation of ideas. Nothing impedes the brain-storming process more than a recorder who constantly asks for ideas to be repeated, words to be spelled, or acronyms to be explained.

5. Allow silence; give participants time to think

6. Provide positive feedback to encourage more input from participants (i.e., say *"These are great ideas…"*)

7. Review written ideas and suggestions periodically to stimulate additional ideas

8. Conclude brainstorming when no one has any more ideas to add to the list

9. Review the final list before discussion

Variation

A variation to the method described above is to ask each participant to write down his or her thoughts or ideas about the topic on Post-it notes. The trainer then collects all the notes and quickly organizes them into categories. The participant group goes over the categories and responses under each one and discusses the similarities, differences, consistencies, inconsistencies, and take-home messages.

Training Method #4: Case Study

A case study is a written description of a hypothetical situation that is used for analysis and discussion. It is a detailed account of a real or hypothetical occurrence (or series of related events involving a problem) that participants might encounter. It is analyzed and discussed, and participants are often asked to arrive at a plan of action to solve the problem. Case studies can help group members learn to develop various alternative solutions to a problem and may help develop analytical and problem solving skills. Some cancer-related examples are illustrated below.

Uses
- Synthesizes training material
- Provides opportunity to discuss common problems in a typical situation
- Provides a safe opportunity for developing problem solving skills
- Promotes group discussion and group problem solving

Advantages
- Allows participants to relate to the situation
- Involves an element of mystery
- Avoids personal risks by using hypothetical situations
- Involves participants in an active manner

Disadvantages
- Requires a lot of planning time if you need to write case studies yourself
- Requires careful design of discussion questions

Process

1. Introduce the case study to participants

2. Give participants time to familiarize themselves with the case

3. Present questions for discussion or the problem to be solved

4. Emphasize that there is not always only one right solution, if appropriate for the specific case

5. Give participants time to solve the problems individually or in small groups

6. Circulate among the small groups to:
   - Clarify any questions participants may have
   - Make sure that participants are on task
   - Make sure that a few participants are not dominating the discussion

7. Bring everyone back together for a larger group discussion

8. Invite participants to present their solutions or answers

9. Discuss all possible solutions or answers

10. Ask the participants what they have learned from the exercise

11. Ask them how the case might be relevant to their own lives

12. Summarize the points made

Tips for Developing Case Studies
- Develop a case study that is as realistic as possible.
- Describe the people in the case study.
- Use names (but be sure to indicate that they are not the names of real people).
- State their genders, ages, ethnicities, and other relevant characteristics.
- Describe the specific situation.
- Think about the specific issues you want the participants to address.
- Use the case study to challenge assumptions (e.g., health care worker doesn't always know the answers, patients aren't always uninformed).
- Avoid giving solutions to the problems raised in the case study.
- Avoid making the case study too complex or too simplistic.

Some examples of discussion questions that use the adult learning cycle as a model include the following:
- Describe what you see and hear happening in this case study.
- What feelings does the case study evoke in you?
- What are the key issues that are brought to light by this case study?
- What do you think are some of the underlying causes that lead to these issues?
- What are some possible strategies for dealing with these issues?
- How can we each make a difference in addressing these issues?

EXAMPLE

Example Case Study

You have been invited to conduct a training for home health nurses on the topic of cancer pain management. You were told that there are a number of issues that impede the use of appropriate pain medication with cancer patients who are followed by the home health agency. One of these in particular involves nurses not feeling comfortable advocating with physicians for their patients because of fear of addiction to opiate derivatives.

During the training, a nurse participant, Suzanne, brings up a recent article she read in the *New York Times Magazine*. The article described the abuse of oxycontin in rural America. Suzanne says, "There's no way I'm going to contribute to getting a whole generation hooked on those things. I'm just trying to protect my patients' grandkids by keeping those things (oxycontin pills) out of the house." Another participant, Ellen, adds that most of her "little old ladies" are too sensitive to medications to "get them started on something that powerful." You realize that there are a lot of passionate feelings about this topic and wonder how you should handle the situation.

Case study questions for training participants to discuss:
• Describe what you see happening in this case study.
• What feelings does the case study evoke in you?
• How do you think Suzanne is feeling?
• How do you think Ellen is feeling?
• What do you think are the underlying issues behind each of their responses?
• What are some effective ways you, as the trainer, could handle this discussion?
• How will your discussion about this case study influence how you might handle other difficult training discussions in the future?

Training Method #5: Demonstration

A demonstration is a method for showing precisely how a skill, task, or technique should be done. The trainer or a skilled participant shows other participants how to successfully perform a given task by demonstrating it, describing each step, and explaining the reasons for performing it in a particular way. It is often followed by a practice session in which the participants carry out the activity under the supervision of the trainer. The use of models or props (e.g., silicone breast models or fecal occult blood collection kits) greatly enhances a training on self breast exams or colorectal screening. Having simulated or standardized patients for clinicians to practice new skills (e.g., performing clinical breast or pelvic exams) leads to effective acquisition of these new skills.

Uses
- Show participants how to perform a skill (e.g., showing community members how to do a self breast exam or use the collection kit for a fecal occult blood test)
- Clarifies and corrects misconceptions about how to perform a task
- Shows how participants can improve or develop skills
- Models a step-by-step approach (e.g., how to do a clinical breast exam using the vertical strip method)

Advantages
- Provides learning experience based on actual performance and is relevant to the participant's job or personal experience, especially when combined with hands-on practice
- Illustrates processes, ideas, and relationships in a clear and direct manner
- Requires low development costs
- Helps participants' focus their attention
- Involves participants when they try the method themselves

Disadvantages
- Has limited usefulness
- Requires a lot of planning and practice ahead of time
- Requires facilities and seating arrangements that are carefully planned so all members of the audience have an unobstructed view of the demonstration
- Requires enough materials for everyone to try the skill being demonstrated

- Does not ensure that participants will immediately be able to duplicate the skill being demonstrated after seeing it demonstrated
- Requires that participants take passive role during demonstrations which may cause them to lose interest, particularly during afternoon hours and toward the end of the session

Process

1. Introduce the skill being demonstrated: What is the purpose?

2. Present the materials that are going to be used

3. Demonstrate the skill for participants

4. Repeat the demonstration, explaining each step in detail

5. Invite the participants to ask questions

6. Allow participants to practice the skill themselves

7. Circulate around to each person to:
   • Observe participants as they perform the skill
   • Provide them with constructive feedback

8. Bring participants back to the larger group

9. Discuss how easy or difficult it was for them to perform the skill

10. Summarize the take-home messages or key points

Training Method #6: Role Play

Role play is a technique in which several individuals or a small group of participants act out a real-life situation in front of the group. The scenario of the role play is related to the training topic and must have a skill-based objective. For example, in a training on breast cancer for nursing students, two participants might role play how to teach a woman how to do a self breast exam. There is no script; however, the situation is described in as much detail as appropriate. The participants make up their parts as the situation unfolds. The role play is then discussed in relation to the situation or problem under consideration.

Uses
- Helps change people's attitudes
- Enables people to see the consequences of their actions
- Provides examples of possible reactions or behaviors
- Provides a safe environment for exploring problems they may feel uncomfortable discussing in real life
- Enables participants to explore alternative approaches to various situations
- Explores possible solutions to emotion-laden problems

Advantages
- Provides opportunity for stimulating new ideas while having fun
- Engages the group's attention
- Simulates the real world
- Provides a dramatic way of presenting a problem and stimulating a discussion
- Allows participants to assume the personality of another human being—to think and act as another might

Disadvantages
- Requires that participants feel comfortable being in front of a group (some participants may feel self-conscious, shy, or may fear looking "ridiculous")
- Requires dyads or triads in which everyone is either acting or observing to address participant reluctance

Process

1. Prepare the actors so they understand their roles and the situation

2. Set the climate so the observers know what the situation involves

3. Observe the role play

4. Thank the actors and ask them how they feel about the role play (be sure that they get out of their roles and back to their real selves)

5. Share the reactions and observations of the observers

6. Establish ground rules for having a group discussion about the role play. For example:

EXAMPLE

- Make your comments in a self-oriented manner. Try to express your feelings as you were watching the role play. For example, *"The interaction in the role play made me feel…"*
- Make your comments descriptive of what happened. For example, *"I noticed that the woman had eye contact twice with her friend."*
- Try not to interpret the behavior of the players in terms of why they did what they did. If this seems necessary, however, ask the players in an open-ended way rather than putting words into their mouths (e.g., *"I was wondering why you asked the woman her marital status."*)

As a group leader, your attitude and direction in this discussion are important. Try to protect the role players from too much exposure to negative comments. In addition, try to get the observers to put their comments in the form of suggestions on how to improve the handling of the situation. The best way to do this is to set the example yourself. Attempt to be as nonevaluative as possible. Try to invite people to talk freely about their own experiences. Then summarize the comments given in relation to the learning points.

7. Discuss as a group the different reactions to what happened

8. Ask the participants what they have learned

9. Ask the participants how the situation relates to their own situation

10. Summarize the main messages or points and application

Handling Participant Resistance

There might still be some resistance to role playing. Several types of resistance you might encounter are presented below along with suggestions on handling.

- **Fear of exposure:** This usually relates to a person's fear of being exposed to the total group and acting as a fool. One way of handling this is to use multiple role playing rather than single role playing. Divide the group in pairs and ask them to do their own role plays in different corners of the room. Using this method, you should walk around to get a feel for how each dyad is doing and whether the role play is being used the way it was intended.

- **What is going to happen to me?** Generally this refers to a person's fear of not knowing the procedures involved in role playing. This may be related to lack of knowledge about the topic or lack of role playing skill. Usually a good explanation of the different steps in the session clarifies the issue. You should ensure that people won't be criticized by acknowledging how difficult role plays can be and thanking participants for their bravery in being willing to step outside their comfort zone to provide an excellent learning experience for everyone.

The most important thing in dealing with resistance seems to be to allow it to be there, accepting the feelings and thoughts behind it. But at the same time, you should try to be clear that you want to do the role play and why. If you feel good about it, this will be reflected by the group.

Role Play Example: A Woman with Colon Cancer Considering Clinical Trials

You are Sonya, a woman just diagnosed with colon cancer. You have no medical insurance. You are talking to Mary, the local support group leader, about recommended treatment options. You've heard about clinical trials, but you tell her, "I don't want to be a guinea pig just because I'm poor."

You have heard about the Tuskegee study, in which African American men with syphilis were studied for years without getting treatment. You know that some of your neighbors get paid for participating in asthma studies. You want the best treatment, but you don't want to be treated poorly.

You want to know:
• What are clinical trials?
• Why can't I choose my treatment if I decide to be on a trial?
• What are the pros and cons of participating?
• Are they experimenting on people?
• How do I know I'm being protected?

You are Mary, a local community leader who runs a support group. You want to assist Sonya by helping her understand more about what clinical trials have to offer and refer her to community resources. Talk with her using the following guidelines:
• Be sensitive to Sonya's concerns.
• Remember to provide information that is fact-based, not your opinion.
• Provide resources and support.

During the discussion, you may wish to address the following:
• What clinical trials are
• How patients are protected
• Risks and benefits of participating
• Informed consent
• How to find out about clinical trials in the community that might be appropriate
• Talking about this information with her doctor or nurse
• Talking with her family

EXAMPLE

Training Method #7: Creative Work

Although some people believe that using the arts in training is "touchy feely" and therefore not appropriate, others have found that this approach is well received by many audiences. These training activities give participants an opportunity to think or act "outside the box." Examples of creative activities include:

• Making a collage (e.g., make a collage of ways you got support when you were diagnosed with cervical cancer)
• Drawing or painting with markers, water colors, chalk, or colored pencils (e.g., painting a picture of what fear of recurrence looks like)
• Modeling with clay (e.g., making a sculpture of the body post-mastectomy)
• Composing songs, poems, stories, or plays (e.g., writing a play about teens who changed their peer group's norms related to smoking tobacco)

Uses
• Encourages participants to engage the "right brain" (creative, non-linear part), especially important after a "left brain" training method (i.e., didactic or linear presentation)
• Explores other ways to think about familiar situations
• Enables participants to explore emotionally-laden topics in a safe way
• Encourages people to move beyond their comfort zone

Advantages
• Gives participants an opportunity to have fun while dealing with emotionally laden issues
• Allows participants to move around (especially good for kinesthetic participants)
• Provides a creative way of dealing with sensitive issues
• Fosters interaction and emotional connections among participants

Disadvantages
- Requires additional space and materials
- Intimidates participants who feel shy about artistic endeavors (But don't assume that your audience won't respond well to this technique. You might try out the idea with a few people who are demographically matched to your potential participants before your training session.)
- Causes participants who are used to linear thinking and came to the training to get new information to question the usefulness of this approach

Process

1. Introduce the creative activity to participants

2. Discuss how the activity ties into the topics being covered

3. Provide participants the "permission" to take risks, be creative, and not feel that they have to strive for perfection. Sometimes asking people to remember what they were like in the 5th grade will help them to be less inhibited and "let go" of their inner critic

4. Assure participants that these activities are not intended to be judged on artistic merit but rather to stimulate new ways of thinking about the topic

5. Review the materials that are available to complete the creative activity (e.g., clay, markers, magazines, scissors, glue, etc.)

6. Tell participants how long they will have to work on their creations (e.g., minimum of 30 minutes). Explain that you will give them a 10-minute warning before they have to finish their work

7. Provide the allotted time for participants to create

8. Circulate around the room to see how participants are doing

9. Give the 10-minute warning, as promised

10. Bring everyone back together for a larger group discussion

11. Discuss the ground rules for the discussion:
    • Participants should support each other
    • Comments made about another person's creation should relate to how the creation makes them feel
    • Comments should not be evaluative or judgmental

12. Invite individuals to share their creations and how they tie into the topic

13. Ask participants to discuss both of the following:
    • The process of creating
    • The meaning behind their work

EXAMPLE

For example, in a group of breast cancer survivors, each person would share her collage with the group and talk about the images that were selected, the meaning behind them, and how they relate to the support they got when they were diagnosed with breast cancer. Then they would talk about how it felt to create the collage.

14. Summarize the discussion

15. Affirm participant's work and ability to be creative

3. Choosing Audiovisual Materials

Audiovisual materials are essential to effective instruction. The primary purposes of training media are to support the explanations (by illustrating, demonstrating, and emphasizing) and to provide motivation (by increasing sensory appeal, adding variety to the instructional approach, saving time, and retaining participant interest). They can be used to increase knowledge and change attitudes.

Characteristics of Effective Training Media

They should be:
- Simple (easy to understand, uncomplicated)
- Accurate (facts and figures, current information)
- Manageable (easy to operate and manipulate, simple, neat, and practical)
- Colorful (use color to emphasize main points)
- Necessary (illustrate essential materials, contribute to successful accomplishment of learning objectives)

When Selecting Training Media

- Use your training objectives to determine where audiovisual materials are needed to assist participant learning.
- Be selective. Remember that a few good training media will do more for the achievement of objectives than will many confusing ones.
- Update and improve your use of training media or develop new ones for more effective participant learning.
- Consider the enhanced visual/verbal relationship that different media can create. The objective is to maintain visual simplicity and verbal clarity for maximum retention of information.
- Remember that dark rooms can put participants to sleep especially after a meal. Keep the area as well lit as possible while ensuring participants can see the words on the screen.
- Maximize the use of media by following slides, videos, audiotapes, and photos with a targeted discussion. Consider the following format as one useful way to move participants from description, to feelings, insights, and action steps:

- Describe what you see and hear happening in this video.
- What feelings does the video evoke in you?
- What are the key issues that are brought to light by this video?
- What do you think are some of the underlying causes that lead to these issues?
- What are some possible strategies for dealing with these issues?
- How can we each make a difference in addressing these issues?

Main Types of Training Media
- Handouts
- Flipcharts and flipchart paper
- Overhead transparencies and projector
- Computer-generated presentations (e.g., PowerPoint) using computers and LCD projectors or 35 mm slides and projectors
- Videotapes and tape player

Each will be discussed in this section.

Handouts

Handouts are supplementary materials that provide a detailed expansion or reiteration of one or more aspects of the presentation.

Hints:
- Handouts can be your worst distraction during a presentation if distributed while you are speaking. Whenever possible, provide handouts at the end of a presentation unless the audience will use them during the training. In that case, provide the handouts before the presentation to avoid distraction.
- Reduced-size reproductions of charts or slides used during the presentation can be extremely useful to participants as reference material. Adding brief interpretive statements can remind participants of your key points at a later date.

Flipcharts
- A flipchart pad can provide flexibility for developing and modifying simple sketches, diagrams, and statements during the course of a presentation.
- Color is extremely important. Green, blue, and brown should be used primarily for words. Avoid visuals that are one color. Use red, orange, or yellow for highlighting only. If you have five- or six-line visuals, use colors to separate them or to group them.

Hints:
- Maintain the flow of your talk while you write.
- Avoid talking to the board.
- Stay to the side while writing on a flipchart pad.
- Write large and neatly.
- Draw a faint outline of a diagram or model in pencil before the presentation to provide guidelines for the marker or chalk.
- Limit the number of words to avoid pages that are too "busy" and thus distracting.
- If you prefer, have a co-trainer or participant write while you facilitate group discussion.

Overhead Projector
An overhead projector is used to project material from a book or a prepared transparency onto a screen.

Hints for designing transparencies:
- Do not use more than four of five words per line. Keep in mind that the area that can be projected is only 7.5" x 9.5".
- Do not crowd too many lines onto a transparency.
- Design it so it can be read from the back row of the training room.
- Use dark letters on light backgrounds.

Hints for using overhead projectors:
- Place a transparency on the projector before the training in order to focus it.
- Always have a spare light bulb (in case the one provided with the overhead projector burns out) and extension cord with you.
- Designate someone to control the room lights.

Slides, LCD Projectors, and Computers (for computer-generated presentations)

Slides are still the most common visual aid used in training. However, many health care professionals are switching to LCD projectors and computers to project computerized presentations onto a screen. The following information applies to both slides and PowerPoint presentations.

Hints for designing slides or a computer-generated presentation (e.g., PowerPoint):
• Keep each screen simple with bullet points and simple visuals. Each bullet point can be elaborated during the presentation.
• Use large enough font (30 point) so that the text can be read from the back row of the training room.
• Use colors and designs that are pleasant, but not distracting for the viewer.
• Use colors that make text stand out on a slide. Use a light color for the text on a dark colored background (pale yellow on dark blue is best). The more color used, the less effective it will be.
• Use visual aids that complement the text.
• Use uniform font.
• No more that 75 percent of each slide should have text.
• Use animation (on PowerPoint presentations) sparingly. While it is interesting to have bullet points appear or cross the screen as you read them, too much animation can be distracting.

Hints for using slides:
• Make sure your slides are placed in the carousel so they project right side up.
• Practice showing your slides **before** the training.
• Practice using the remote control for changing slides.
• Practice operating the electronic pointer if you will be using one during your presentation.
• Always have a spare bulb and an extension cord with you.
• Designate someone to control the room lights.

Hints for using an LCD projector and computer:
• If you do not have your own slide projector or LCD and portable computer, reserve one for your training.
• Make sure the computer is equipped with compatible software to run your presentation (e.g., does the computer have PowerPoint?).

- Make sure that your presentation fits onto a diskette, or put it on a Zip Disk. If a Zip Disk is needed, you will need a portable Zip Drive.
- Before the training, do a test run of your presentation to assure that there are no problems using your disk in the computer.
- **ALWAYS BRING A COPY OF YOUR PRESENTATION ON OVERHEADS—JUST IN CASE!**

Examples

Examples of good and bad slides from computer presentations follow:

Bad Example
- Font too small
- Too many words on the slide/screen
- Not visually pleasing

Ways to Prevent Skin Cancer

– Stay out of the sun between 10:00 a.m. and 4:00 p.m. unless you are adequately protected.
– Wear sunscreen that is 15 SPF or higher. Make sure that the sunscreen has not expired. Reapply sunscreen several times thoughout the day.
– Be sure to wear long-sleeved shirts, long pants, wide-brimmed hats, and sunglasses.
– Talk with your friends and family members about sun protection. Remind them to stay away from the midday sun, use sunscreen, and wear full coverage clothing.
– It is best to combine these strategies to make sure that you are getting full prevention from the sun and decrease your chances of developing skin cancer.

Good Example
- Large enough font (at least 30 point) the slide/screen
- Visually pleasing

ABCs of Decreasing Skin Cancer Risk

Away—Stay away from the midday sun

Block—Use 15 SPF or higher sun block

Cover-up—Wear full coverage clothing

Use a combination of these strategies

Videotape Players

Because the videotape player is extremely versatile, it is rapidly becoming a major tool in presentations.

Hints for using videotape players:
- Use is limited for large groups (i.e., more than 20 participants) because multiple monitors or large video projection screens are needed.
- Most equipment is portable but cumbersome.
- Compatibility of the type and size of the videotape and cassette to the available equipment should be carefully considered.
- Have tapes set at the proper starting point so that only the PLAY button needs to be pushed.

4. Crafting a Realistic and Effective Training Plan

Once you are clear about the characteristics of the participants and the training goals and objectives, you can design a realistic and effective training plan.

It is important to consider not only what you hope to achieve in terms of changes in knowledge, attitudes, and skills, but also the sequence of various training activities and information. There should be a good balance between didactic and interactive activities, between acquiring new knowledge and skills, and having an opportunity to synthesize and apply new information and behaviors. Most trainers design trainings that are too packed with activities and information. While it is important to have additional activities that can be used if needed, it is essential to remember that participants will retain more if given opportunities to reflect, synthesize, and practice new insights and skills. Some guidelines to follow include the following:

Vary Activities

Change the type of activity approximately every 30 minutes (e.g., if you just gave a 20-minute lecturette on a new cervical cancer screening policy, give participants an opportunity to discuss in small groups the implications of this policy on their client base or have participants apply this new information to a prepared case study).
- Intersperse didactic activities such as lecturing and demonstrations with more participatory ones such as small group exercises, individual work, role plays, and a variety of other training strategies.
- Vary learning activities to appeal to all types of participants.
- Structure activities to go from **simple** <u>to</u> **complex** concepts; from **safe** to more **risk-taking** activities.
- Include activities that encourage real-life problem solving.
- Include opportunities for application and practice.

Set Realistic Goals for the Training
- Choose information or skills that participants <u>need</u> to know; not information that would be <u>nice</u> to know.
- Think about your learning objectives (developed in section II.1)

and develop your take-home messages to correspond with them.
- Remember that three to five take-home messages are the most people can retain in a one-day training.
- Match objectives to training and evaluation methods. For example, didactic or lecture methods can lead to knowledge change but probably not attitude change or skill acquisition. Interactive methods can lead to change in knowledge and attitudes. Demonstrations and practice can reinforce skill acquisition.
- Think about how you will evaluate the training.

Be Aware of Time Management Issues
- Build in time for movement from one activity to another. This is especially important if small group breakouts take place in a different room from the main meeting room.
- Build in time for forming small groups.
- Build in some "slush" time to make up for a late start, getting behind schedule because of lengthy discussion, dealing with unforeseen circumstances (e.g., fire drill), or other time challenges.
- Build in time for breaks. Give participants a break no less frequently than every 90 minutes.

Prepare a Clear Training Plan
The level of detail with which a training plan is written depends on a number of factors:
- Is the person who is designing the training plan the same person who will conduct the training?
  - If the training plan is going to be used solely by the person writing it and is a one-time event, then it can be more of an outline with bulleted "talking points" and places to jot down examples.
- Will there be a co-trainer or others who will need to use the training plan?
  - If the training plan is going to be used by more than one person, it needs to be very detailed and explicit.
  - Is the training a one-time event or will it be offered a number of times? If the training will be offered on an on-going basis, it may be helpful to have more detailed notes to avoid "re-creating" the details each time the training is conducted.

Whether you or another person will be conducting the training, it is extremely important that all directions for activities be explicitly written as well as examples of questions to be used to process or discuss the activities. The suggested time allotment for each activity should also be clearly stated as well as the materials needed to conduct all the activities. This level of detail will ultimately make your life easier and will ensure a smoother training program.

A "Sample Training Plan Template" and a "Training Plan Worksheet" are located in appendix B. A sample training plan follows on the next few pages. For this sample,

The left column contains:
- Plenty of blank space so you can jot down your own notes
- A list of training materials that are needed for each portion of the training
- An estimate of how much time it will take to complete each portion of the training

The right column contains:
- Detailed instructions for what to do and say
- Description of how to use any training materials that are needed for each portion of the training
- Lists of possible answers to questions posed to participants during the training session
- Text in *italics* indicates things for the trainer to say to participants

Sample Training Plan

Time and materials	Task	Trainer instructions
60 minutes	**Set up room and familiarize self with location**	❑ Arrive early to set up the room. ❑ Make sure there are enough chairs and that they are arranged in a circle (around a table) to facilitate participation and discussion. ❑ Organize handouts, training materials, and visuals (e.g., breast models, mammography films). ❑ Locate lights. ❑ Set up and test audiovisual equipment. ❑ Put out refreshments, candies, etc. ❑ Put out a sign-in sheet and name tags. ❑ Make the room more comfortable and enjoyable (tablecloths, decorations, music, etc.). ❑ Locate restrooms, telephones, and water fountains.
10 minutes ❑ Sign-in sheet ❑ Drinks and refreshments	**Participant arrival and sign-in**	**As participants arrive:** ❑ Ask participants to write their names on <u>sign-in sheet</u>. ❑ Ask participants to write their names on a name tag. ❑ Offer drinks and light refreshments. ❑ Welcome participants and thank them for taking time to participate in this training. ❑ Reassure them that we are going to have fun while we learn about breast cancer early detection measures. ❑ Review "housekeeping" details such as the location of restrooms, telephones, and water fountains.

Time and materials	Task	Trainer instructions

5 minutes
 	
❑ Prepared flipchart –
Agenda
 	
❑ Prepared flipchart –
Goal and objectives of training
	Welcome and introduction	❑ Welcome and make brief introductions.
		❑ <u>Refer to flipchart with agenda</u>. Explain that we have a lot to cover, but hopefully it will be interesting and engaging.
		❑ <u>Refer to flipchart with goal and objectives of the training</u>. Explain that the goal of this training is to:
		  • Increase understanding about the importance of breast cancer early detection
		❑ Explain that the objectives of this training. By the end of this training participants will be able to:
		  • Demonstrate steps involved with making an appointment for a mammogram
		  • List at least three barriers women may face to obtaining a mammogram and suggestions on how these barriers can be addressed by health care organizations.
		  • Describe American Cancer Society recommendations for mammography screening.
		  • Demonstrate commitment to increasing awareness about the need for mammography screening by telling at least four friends to schedule a mammogram in the next month.

15 minutes	**Icebreaker**	❑ Explain that we will be doing a lot of work together today so it's important to know a little about each other.
		❑ Give instructions for the ice-breaker:
		  • In a roundtable format, ask participants to say their name, what they know about why they were given their name (e.g., named after great aunt), or what it means (e.g., the name Athena is the Greek word for "light").
		  • Ask the women if they think their name fits their personality.

Plan   **59**

Time and materials	Task	Trainer instructions
5 minutes ❑ Prepared flipchart – *Norms*	**Group discussion and group norms** (this will be covered in more detail in section III. 1.)	❑ Explain to participants that setting "norms" or ground rules for the training will help make the training a safe, respectful, and comfortable environment for everyone to learn and share. ❑ Refer to flipchart with norms listed on it. Review each norm and give a brief explanation. • *I'd like to share with you some norms other groups have found useful.* ❑ Ask if anyone has additional ground rules to add. ❑ Post the ground rules on the wall to serve as a visual reminder.
15 minutes ❑ Blank flipchart paper ❑ Colored markers	**Group brainstorm: barriers women may face to obtaining a mammogram**	❑ Explain to participants that studies have shown that many women face several barriers to obtaining a mammogram. ❑ Ask the participants to brainstorm a list of barriers women may face. ❑ Review the rules of brainstorming with participants. That is, that during the actual brainstorming of ideas, nobody should criticize any ideas that others suggest. Ideas will be discussed only after the brainstorming session is completed. ❑ Using a blank flipchart paper, write down the barriers participants suggest.

Time and materials	Task	Trainer instructions
15 minutes ❑ Blank flipchart paper ❑ Colored markers	**Group brainstorm: barriers women may face to obtaining a mammogram (continued)**	Some examples of barriers women may face include: • Lack of insurance to cover mammogram • Lack of transportation to the appointment • Lack of childcare during the appointment • Difficulty in taking time off work for appointment • Embarrassed to disrobe in front of the provider • Fear that the mammogram will hurt • Fear of finding breast cancer • Fear that having a mammogram means that the woman has no faith in God ❑ When the participants are finished brainstorming the list of barriers, add the barriers that may have been missed. ❑ Read through the list out loud, getting rid of duplicate answers or grouping similar types of barriers suggested. ❑ Explain that in the next portion of the training, participants will work in small groups to discuss ways that health care organizations can address these barriers so that more women will be able to obtain mammography screening.